Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>

Sent: Friday, January 02, 2015 12:26 PM **To:** Constantine Kolouas; Chris Aquino

Subject: 2015 Annual Report - WMATC No: 539, Carrier Name: A-Fair Transportation Inc.

Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$150 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 539

Name of Carrier (as shown on certificate of authority): A-Fair Transportation Inc.

Trade Name:

Principal Place of Business Street Address: 101 Bralan ct

Apt./Suite:

City: Gaithersburg

State: MD **Zip:** 20877

Mailing Address (if different from street address)

Street: Apt./Suite:

Telephone Number: 3012589700 Other Telephone: 3012589700 Fax Number: E-mail: Ride@afairtransportation.com
2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number): USDOT No.: DCTC No.: Virginia DMV passenger carrier No.: Maryland PSC No.: Maryland
3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries): Name: Getahun Woldemecael Title: president Telephone Number: 3012589700 Other Telephone: 3012589700 Fax Number: E-mail: Ride@afairtransportation.com
4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov .
Name of Registered Agent for Service of Process: Getahun Woldemecael Agent Address: 101 Bralan ct Apt./Suite: City: Gaithersburg State: MD Zip: 20877 Telephone Number: 3012589700 E-mail: Ride@afairtransportation.com
5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

City: State:

Zip:

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
102	2008	lincolin	2LNHM82W78X641209	54527B	MD	6	No
101	2011	Chevy	1GNSKJE33BR177997	51584B	MD	8	No
103	2010	Toyota	2T1BU4EE4AC231810	57925B	MD	5	No
					MD	Gaithersburg	

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Getahun Woldemecael

Title: President **Date:** 01/02/2015

^{*}Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.